

MONTANA COMPREHENSIVE ASSESSMENT SYSTEM (MONTCAS, PHASE 2)

CRT AND CRT - ALTERNATE

SPRING 2007 GRADE 4

STUDENT RESPONSE BOOKLET



A STUDENT NAME																			
LAST NAME										FIRST NAME									
A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

STUDENT NAME:
TEACHER NAME:

B SCHOOL CODE(Sc)			
0	0	0	0
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9

C FORM (COVER OF TEST BOOKLET)																
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	

D LOCAL STUDENT IDENTIFICATION (Optional)									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

E STATE STUDENT IDENTIFICATION (Required)									
0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

F BIRTH DATE								
MONTH			DAY			YEAR		
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

STUDENT ID LABEL

Complete page 1 only if there is no bar code label for the student.

VariableBarcode

Complete appropriate sections of this page after testing is complete.

Section 1: Required only for public schools and private schools accredited by the Montana Board of Education. **TO BE COMPLETED BY SCHOOL TEST COORDINATOR.**

G

- ☐ Student not enrolled (For example: homeschooled student)
- ☐ Former LEP (cannot be current LEP)
- ☐ Student enrolled less than 180 hours and taking a reading or mathematics course.
- ☐ Student not in school entire academic year
- ☐ Student not in district entire academic year
- ☐ Student participated through alternate assessment this year.

Section 2: Required only for public schools and private schools accredited by the Montana Board of Education. **TO BE COMPLETED BY THE TEST ADMINISTRATOR.**

H STANDARD ACCOMMODATIONS–READING

(Mark all that apply.)

- | | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 7 | <input type="radio"/> 13 | <input type="radio"/> 19 | <input type="radio"/> 25 |
| <input type="radio"/> 2 | <input type="radio"/> 8 | <input type="radio"/> 14 | <input type="radio"/> 20 | <input type="radio"/> 26 |
| <input type="radio"/> 3 | <input type="radio"/> 9 | <input type="radio"/> 15 | <input type="radio"/> 21 | <input type="radio"/> 27 |
| <input type="radio"/> 4 | <input type="radio"/> 10 | <input type="radio"/> 16 | <input type="radio"/> 22 | <input type="radio"/> 28 |
| <input type="radio"/> 5 | <input type="radio"/> 11 | <input type="radio"/> 17 | <input type="radio"/> 23 | <input type="radio"/> 29 |
| <input type="radio"/> 6 | <input type="radio"/> 12 | <input type="radio"/> 18 | <input type="radio"/> 24 | |

NON-STANDARD ACCOMMODATIONS

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 30 | <input type="radio"/> 31 | <input type="radio"/> 32 | <input type="radio"/> 33 |
|--------------------------|--------------------------|--------------------------|--------------------------|

I STANDARD ACCOMMODATIONS–MATHEMATICS

(Mark all that apply.)

- | | | | | |
|-------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 1 | <input type="radio"/> 7 | <input type="radio"/> 13 | <input type="radio"/> 19 | <input type="radio"/> 25 |
| <input type="radio"/> 2 | <input type="radio"/> 8 | <input type="radio"/> 14 | <input type="radio"/> 20 | <input type="radio"/> 26 |
| <input type="radio"/> 3 | <input type="radio"/> 9 | <input type="radio"/> 15 | <input type="radio"/> 21 | <input type="radio"/> 27 |
| <input type="radio"/> 4 | <input type="radio"/> 10 | <input type="radio"/> 16 | <input type="radio"/> 22 | <input type="radio"/> 28 |
| <input type="radio"/> 5 | <input type="radio"/> 11 | <input type="radio"/> 17 | <input type="radio"/> 23 | <input type="radio"/> 29 |
| <input type="radio"/> 6 | <input type="radio"/> 12 | <input type="radio"/> 18 | <input type="radio"/> 24 | |

NON-STANDARD ACCOMMODATIONS

- | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 30 | <input type="radio"/> 31 | <input type="radio"/> 32 | <input type="radio"/> 33 |
|--------------------------|--------------------------|--------------------------|--------------------------|

Section 3: Only for private schools not accredited by the Montana Board of Education.

- ☐ Student enrolled in a private non-accredited school
- ☐ Student enrolled in a private non-accredited Title 1 school

J GENDER

- ☐ Female ☐ Male

K ETHNICITY

(Mark only one.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Hispanic
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

L PROGRAM INFORMATION

(Mark all that apply.)

- ☐ SE (student has an IEP)
- ☐ 504
- ☐ MG
- ☐ GT
- ☐ LEP/ELL (Cannot be former LEP)
- ☐ Former LEP (Cannot be current LEP)
- ☐ F/RL
- ☐ Significant Cognitive Disability (Student should participate through CRT-ALT)